

|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br>66631-8017 |                         |
| Application Number      09/432,881 - Conf. # 1727   |                                  | Filed      November 2, 1999            |                         |
| For      PHARMACOLOGICAL INDUCEMENT OF THE FED MODE FOR ENHANCED DRUG ADMINISTRATION TO THE STOMACH   |                                  |  |                         |
| Art Unit      1614  |                                  | Examiner      Gembeh, S.V.             |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                         |
|   |                                  | <u>Fee</u>                             | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | \$120                                  | \$60      \$ _____      |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$460                                  | \$230      \$ 230.00    |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1050                                 | \$525      \$ _____     |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                 | \$820      \$ _____     |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                 | \$1115      \$ _____    |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional required fees, or credit any overpayment, to Deposit Account Number <u>50-2207</u> .   |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,443</u>  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |  |                         |
| <u><i>Susan T. Evans</i></u><br>Signature   |                                  | <u><i>March 3 2008</i></u><br>Date     |                         |
| Susan T. Evans<br>Typed or printed name   |                                  | (650) 838-4300<br>Telephone Number     |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                         |
| <input type="checkbox"/> Total of _____ forms are submitted.  |                                  |  |                         |